



Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Singapore 408934
Paya Ubi Industrial Park
Tel: 6844 2475 Fax: 6844 2474
Email: claims@teamworkgarage.com
GST Register No: 201015366H

18th May 2023

Our reference: 2301-28

Your reference: SHA3929B

AXA Insurance Singapore Pte Ltd

Robinson Road
P.O. Box 1094
Singapore 902144

Attn: Motor Claims Department

BY EMAIL

Dear Sir/ Madam,

Claimant : ROSET LIMOUSINE SERVICES PTE LTD

Address : 53 UBI AVENUE 1 #03-47 PAYA UBI INDUSTRIAL PARK S (408934)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **26/01/2023** along **NEW UPPER CHANGI NEAR BUS STOP B84011** involving our client's vehicle registration number **SLH8293J** and vehicle registrations number **SHA3929B** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows: -

Cost of Repair	:	\$ 2,160.00
Loss Of Rental	:	\$ 240.00
LTA Search	:	\$ 26.75
Total	:	\$ 2,426.75

A copy of each of the following supporting documents is enclosed:-

- a) Our client's Accident Report / Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Letter Of Authorization;
- e) Tax Invoice;
- f) LTA search invoice;
- g) Rental Agreement and Official Receipt;
- h) Certificate of insurance;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,



Teamwork Garage Pte Ltd

Encl.



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	26/01/2023 16:30 (SGT)
Reported by	Driver
Date of Accident	26/01/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEW UPPER CHANGI NEAR BUS STOP B84011
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8293J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No	200406722Z
Email Address	khierthii@rosetlimo.com
Mobile Phone No	(Phone) +65-68445225
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124311472-01

DRIVER

Name of Driver	ONG WEI CHENG
NRIC No	S7135895Z
Date Of Birth	18/10/1971
Occupation	Indoor

Date Of Driving Pass	23/10/2015
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81461296
Alt. Phone Number	-
Email Address	khierthii@rosetlimo.com
Address	APT BLK 445B BUKIT BATOK WEST AVE 8 #17-437 (S) 652445
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
Yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3929B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG WEI CHENG
Gender	Male
Phone No	(Phone) +65-81461296
Address	APT BLK 445B BUKIT BATOK WEST AVE 8 #17-437 (S) 652445
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SLH8293J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

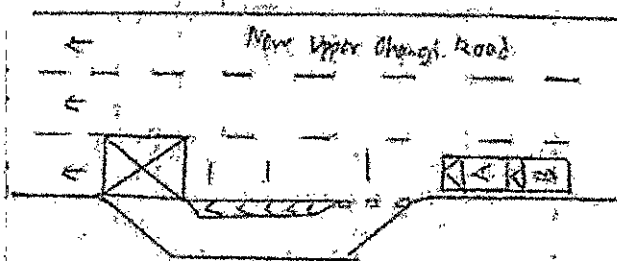


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A-SLH8293J
B-SHA3919B

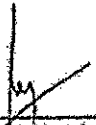
Describe Circumstances of the Accident.

I was travelling straight along New Upper Changi Road, on the third lane. As the traffic light turn red, I began to slow down and eventually came to a stop. After a few seconds, I felt a impact on the rear portion of my vehicle and I realise that vehicle B had collided to the rear portion of my vehicle.


Declaration.

(We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time

26/1/2023 @ 1445hr


Witnessed by Reporting Officer / Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	722Z
Vehicle Details	
Vehicle No.:	SLH8293J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	26 Jan 2023
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS CLASSIC 1.6 CVT
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1ZRY345602
Chassis No.:	MR053REH104562044
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$17,987.00
Original Registration Date:	21 Nov 2016
First Registration Date:	21 Nov 2016
Transfer Count:	0
Actual ARF Paid:	\$17,987.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Nov 2026
PARF Rebate Amount:	\$11,691.00
Intended COE Rebate Details	
COE Expiry Date:	20 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,668.00
COE Rebate Amount:	\$20,113.00
Total Rebate Amount:	\$31,804.00

The information contained herein is correct as at 26 Jan 2023

OK

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7135895Z



Name

ONG WEI CHENG

王 滌 誠

Race

CHINESE

Date of birth

18-10-1971

Country of birth

SINGAPORE

Sex

M

S7135895Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7135895Z

Name

ONG WEI CHENG

Birth Date: 18 Oct 1971

Issue Date: 23 Oct 2015



1002486453F

SG
50



4104952



NRIC No. S7135895Z

Date of issue

24-09-2007

APT BLK 445B BUKIT BATOK WEST AVENUE 8 #17-437
SINGAPORE 852445

NRIC No: S7135895Z

Date: 28/09/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 23 Oct 2015



Licence No: S7135895Z

NP 428A

LETTER OF AUTHORIZATION

To: AXA Insurance Singapore Pte Ltd and Teamwork Garage Pte Ltd (Third party insurance & Workshop)
Claimant: Roset Limousine Services Pte Ltd

Dear Sirs,

I/We, Roset Limousine Services Pte Ltd owner of vehicle no. SLH8293J

hereby authorize my/our repairer, Teamwork Garage Pte Ltd

act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or loss of use ("claim") for my/our vehicle no. SLH8293J that was damage pursuant to the accident which occurred at/along New Upper Changi Near Bus Stop B84011

involving vehicle nos. SHA 3929B

I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies pertaining the above mentioned accident due to me/us to my/our repairer/solicitors Teamwork Garage Pte Ltd. I/We hereby authorize you to forward and release all compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors Teamwork Garage Pte Ltd pertaining to above said accident whom I/we authorized and assigned to collect the said compensation monies.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.

Thank you.

Dated this _____ day of _____ (month) 20____ (year)

Signature of owner vehicle (claimant): _____

Name of owner of vehicle (claimant): Roset Limousine Services Pte Ltd

NRIC Number (claimant): J00406722 Z





TEAMWORK GARAGE PTE LTD
BLK 53 UBI AVE 1 #01-24/34
PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934
TEL: 90119989 / 83389989
(TEL) (65) 6844 2475 (FAX) (65) 6844 2474
(E-MAIL) claims@teamworkgarage.com
UEN 201015366H
GST Reg 201015366H

Bill To:

AXA INSURANCE PTE LTD
ROBINSON ROAD P.O. BOX 1094
SINGAPORE 902144

Tax Invoice

Invoice number : TI-10361
Date : 17/05/2023
Terms : C.O.D.
Vehicle number : SLH8293J
Make / Model : TOYOTA ALTIS

Description	Amount (S\$)
ACCIDENT INVOLVING SLH8293J/ SHA3929B ON 26/01/2023 @ NEW UPPER CHANGI NEAR BUS STOP B84011 INCLUSIVE OF SUPPLYING PARTS, LABOUR, PANEL BEATING AND SPRAY PAINTING LUMP SUM REPAIR	\$2,000.00
Thank you for your business and have a nice day !	

Reference : 2301-28

* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD
PAYNOW UEN: 201015366H
** Please ensure that your vehicle is of good condition upon the point of collection.

E. & O. E

Subtotal	\$2,000.00
Add: GST 8%	\$160.00
Total Inc GST 8%	\$2,160.00
Less: Deposit	\$0.00
Balance Due	\$2,160.00



TEAMWORK GARAGE PTE LTD

CUSTOMER'S SIGNATURE



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 26 Jan 2023 / 15:22:19

Receipt Date/Time : 26 Jan 2023 / 15:22:19

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230126-002102

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SMK7487X				
As at 25 Jan 2023/15:30:00				
Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - SMK7487X Enquiry Fee 20230126152133897028	24.77	1.98	26.75
Sub-Total		24.77	1.98	26.75
Result of Insurance Enquiry - SMS7337D				
As at 26 Jan 2023/10:30:00				
Insurance Co: TOKIO MARINE INSURANCE SINGAPORE LTD				
2	Insurance Enquiry - SMS7337D Enquiry Fee 20230126152133943300	24.77	1.98	26.75
Sub-Total		24.77	1.98	26.75
Result of Insurance Enquiry - SHA3929B				
As at 26 Jan 2023/13:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
3	Insurance Enquiry - SHA3929B Enquiry Fee 20230126152133993309	24.77	1.98	26.75
Sub-Total		24.77	1.98	26.75
Total Before Rounding		74.31	5.94	80.25
Rounding Difference				0.00
Total Amount Payable				80.25
Paid By				
540191XXXXXX6572		eNETS Credit Card		80.25
Total				80.25
Cash Change				0.00
Tendered Amount				80.25
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934
Tel: 6844 5938 Fax: 6285 5228 Email : kntcars@gmail.com
Biz Reg. No.: 53208965X

No.: 4797

OFFICIAL RECEIPT

Date: 18/05/2023

Received from Roset Limousine Services Pte Ltd

The Sum of Dollars Two Hundred and Forty only.

Being payment of smx37057 (13/02/23 - 15/02/23)

\$ 240/-

Cheque No.: _____



Authorised Signature

K & t Cars

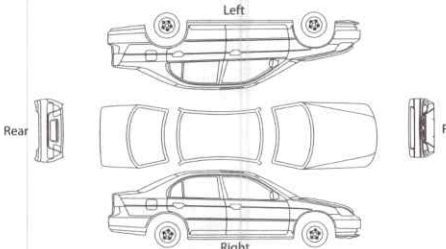
53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-05881

Veh. No.: <u>SLH8293J</u>	Replace Veh. No.: <u>SMK3705T</u>
Veh. M / M: <u>TOYOTA ALTIS</u>	Replace Veh. M / M: <u>TOYOTA ALTIS</u>

HIRER'S PARTICULAR		<input type="checkbox"/> SAME AS HIRER	DRIVER'S PARTICULAR
Name: <u>Roset Limousine Services Pte Ltd</u>		Name: <u>Ong Wei cheng</u>	
Address: <u>53, UBI AVENUE 1 #03-47 Paya ubi Industrial Park S(408934)</u>		Address: <u>Blk 445B Bukit Batok West Avenue 8 #17-437 S(652445)</u>	
I/C: <u>200406722Z</u>	D.O.B:	I/C: <u>S7135895Z</u>	D.O.B: <u>18/10/1971</u>
Contact: <u>6844 5225</u>	Pass Date:	Contact: <u>8146 1296</u>	Pass Date: <u>23/10/2015</u>

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	



RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	<u>13/02/2023</u>		Date In	<u>15/02/2023</u>	
Time Out			Time In		
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily	@ \$	<u>120/-</u>	<u>2</u> Days @ \$ <u>240/-</u>	OUT	E	1/4	1/2	3/4	F
Weekly	@ \$		Wks @ \$						
Monthly	@ \$		Mth @ \$	IN	E	1/4	1/2	3/4	F
Hours	@ \$		Hrs @ \$						
*Inclusive of additional charges (if any)				Petrol Charges		YES	NO	AMT: _____	
Amt payable* \$ <u>240/-</u>				CDW		YES	NO	AMT: _____	
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST				Security Deposit		YES	NO	AMT: _____	
Bank / Cheque No.:				Advance Payment		YES	NO	AMT: _____	

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- ❖ Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- ❖ Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- ❖ Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- ❖ Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- ❖ The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- ❖ In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- ❖ In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 Signature of hirer / driver (company stamp if any)	 For and on behalf of K & t CARS (authorised signature only)

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5124311472-01-000259

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SLH8293J
Chassis Number : MR053REH104562044
2. Name of Policyholder : ROSET LIMOUSINE SERVICES PTE LTD
3. Effective Date of Insurance : 01 Nov 2022
4. Expiry Date of Insurance : 31 Oct 2023
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.
This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : NEWSTATE STENHOUSE (S) PTE LTD (00000690452)
Date of Issue : 18 Oct 2022 11:07 hrs

For INCOME INSURANCE LIMITED



Chief Executive